ENTRIES CLOSE: APRIL 30, 2024 HMI EQUESTRIAN CHALLENGE MAY 29 - JUNE 2, 2024

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Owner Name	OR AUTHORIZED AGENT	Т	Rider Na	ame	RIDE	R 1		Trainer Name		TRAIN	ER				
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City	State	ZIP	City			State	ZIP	City			State	ZIP	1		
Social Security # or TIN #			Phone			E-Mail		Cell Phone			E-Mail				
Phone	E-Mail		USEF#		USHJA#		Date of Birth	E-Mail							
USEF#	USHJA#	PCHA#	PCHA#		NorCal #		CPHA #	USEF#	US	SHJA#		PCHA # NorCal #			
NorCal # Prize money paid to if other than owner					RIDE	:P 2				CREDIT CARD PAYN					
Name or Corporation	Rider Name Rider Name Download credit card form at headlandsm.										anagement.com				
Address			Address					RIDER 2							
City	State	ZIP	City			State ZIP		USEF#		USHJA#			Date of Birth		
Social Security # or TIN #			Phone E-Mail				PCHA#		NorCal #			CPHA#			
NAME OF HORSE				AGE COLOR SEX HEIGHT RIDER							CLAS	CLASSES			
IV.	IAME OF HORSE		AGE	COLOR	SEX	HEIGHT	Till	JER			CLAS	00E0	_		
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Microchip #	<u> </u>			Please circle be	elow if applicab	ole							+		
USEF#	USHJA#				Sm Md	Lg								TION FEES	
By entering a Federation-lice myself and my principals, reprules of HMI EQUESTRIAN Committee on any question a Rules. I represent that I ame ceptance of entry, the Federataken during the course of the may not be used in such a winvasion of privacy, right of against the Federation must If not currently a USEF Active renew in USEF's sole discretive Fan status. BY SIGNING BELOW, I AGF lete Abuse Prevention Policic Agreement electronically, I active the print Name: OWNE SIGNATURE: Print Name: (Required if Rider/Handler is a PARENT/GUARDIAN SIG.:	cresentatives, employ CHALLENGE (Com arising under the Rule eligible to enter and/or the Competition and/or the Competition for the ray as to jeopardize a publicity, or to misap be filed in New York Se Competing member ion. Additionally, I act REE that I have read, es (MAAPP) as publicknowledge that my expressions.	rees and agents, I agree to be es, and agree to relea or participate under the petition may use or as expromotion, coverage umateur status. I herebopropriation. The constitute See GR908.4. It or Subscriber, I acknowledge that the best understand, and agree ished at www.usef.orgelectronic signature she is Rider/Handlerint Name: SIGNATURE: SIGNATURE:	ee that I e bound se and he Rules, sign pho or beneat truction where the to be go as am all have	am subject to the by the Bylaws and old harmless the and every horse otographs, videos, efft of the competitions and application of a USEF Fan are bound by all applimended from time the same validity, RIDER/HANDI Citizen (please circle):	Bylaws and d Rules of t competition I am entering audios, cabition, sport, colly waive an of Federatio colled for no consubject to colled for no colled for	I Rules of the Ithe Federation II, the Federation II, the Federation III III III III III III III III III I	United States Equestion and of the competition, their officials, directly sentered. I also agreed deasts, internet, film, ion. Those likenesses rights in connection was overned by the laws. Fran and my USEF notice. USEF may in rules, and policies in ms and provisions or ixed my signature by signature: SIGNATURE: Print Name: COACH SIGNATURE:	rian Federation, Inc. (ton. I will accept as finators and employees to that as a condition new media or other libs shall not be used to with such use, including the Stateof New Y Fan Account will contain its sole discretion, at cluding the USEF Saff this Prize List. If I a	he "Fed all the d for any of and kenesse adverting any coork, and inue to any tim	decision of decision of action take in consideration to consideration to consideration and action to consideration to consideration annually and the consideration and the consider	and the lot the Healen under eration of and my houct and the empensation institute automaticate my US	ocal ring the ac- orse they ion, uted cally SEF	USHJ, CDFA SHOW P. US MISC Late Trailer In (per hor No. I) OFFIC Ho Horse St	EFFES orse @ \$125 EFEES orse @ \$125 EFEES orse @ \$125 EFEES orse @ \$25 EFEES orse @ \$325	
Print Name:		Print Name:		Citizen (please circle):	TES NO	T	Print Name Emerg. Contact Phone #:								
CHECKS PAYABLE TO: HMI MUST ENTER THROUGH SHOWGROUDSLIVE.COM STABLE WITH:															